



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Policy Recommendation: Safe Infant Sleep Practices

May 2012

Each year, approximately 40-60 Massachusetts infants die due to sudden unexpected infant death. Reviews of these deaths by local Massachusetts child fatality review teams indicate that many of these deaths occurred in sleep positions and environments that are considered unsafe. The Massachusetts Department of Public Health (MDPH) makes the following recommendation related to sleep position, environment and practices, to help reduce the number of these preventable infant deaths. This policy recommendation is based on evidence-based best safe sleep practices for infants less than 12 months of age.

Safe Sleep Policy Recommendation

The safest place for an infant to sleep is on his or her back, in the same room with a parent or caregiver, and in a separate sleep space, such as a safety-approved crib or bassinet.

Recommended Sleep Position

The MDPH recommends that:

- Infants are placed on their backs to sleep for naps and at night. Substantial research demonstrates that this reduces the risks of Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID).
- Parents and caregivers tell relatives, friends, babysitters and childcare providers that the infant should be placed on his/her back to sleep at all times.
- Infants are given time on their tummies (tummy-time), while awake and supervised by a responsible adult, to promote the infant building head control as well as neck, shoulder and arm strength.

Recommended Sleep Environment

The MDPH recommends that:

- Infants are placed to sleep on their backs in safety approved cribs or bassinets with firm mattresses using well-fitting sheets made for the crib or bassinet.
- Infants are placed to sleep in the same room with a parent or caregiver but on a separate sleep surface. Being in the same room allows parents to check on and bond with their infant and supports breastfeeding. Placing infants on a separate sleep surface reduces the risk of suffocation or an adult or child rolling over on the infant while sleeping in the same space.
- Parents maintain the home and infant sleep environment free of tobacco smoke, including cigarettes and cigars.
- Infants are dressed in a sleeper or a sleep sack to avoid over-bundling and overheating.
- Infants' sleep environments are free of the following items to reduce the risk of suffocation or strangulation:
 1. soft mattresses or cushions;

2. blankets or comforters, pillows or other soft bedding items;
3. bumper pads;
4. wedges or positioning devices;
5. stuffed animals or toys;
6. plastic sheets or plastic bags; and
7. strings, cords, or ropes.

Additional Healthy Habits for Safe Sleep

The MDPH recommends that:

- Parents look for safety information on cribs, bassinets, and other related items found in an infant sleep environment such as bedding.
- Parents do not place an infant to sleep, or leave an infant sleeping unsupervised, in a car seat, stroller or baby swing.
- Parents do not place the infant's crib near the furnace, space heater, or any other heat source.

Bed Sharing Dangers

MDPH recommends that infants are put to sleep on their backs, in their own crib, bassinet or pack and play. **The adult bed is not a safe setting for an infant to sleep, with or without another person. There are circumstances in which bed sharing is particularly hazardous.** Bedsharing is especially dangerous when:

- The infant is younger than 3 months of age;
- One or both parents smoke;
- The infant is placed to sleep with soft bedding such as pillows, blankets, quilts, sheepskins and comforters;
- The infant is placed on soft surfaces, such as a sofa, futon, cushioned chair, recliner, or water bed;
- The parent is using medications that cause drowsiness;
- The parent is using any amount of alcohol or drugs (prescription or illicit);
- The parent is sick or unusually tired; or
- There are multiple bedsharers, including siblings or pets.

Note Regarding Breastfeeding

As part of a comprehensive SIDS/SUID prevention strategy, MDPH strongly supports breastfeeding and encourages mothers to sleep in close proximity to, but in a separate space from, their infants, regardless of feeding status. Breastfeeding is often cited as a reason mothers bedshare, and some data suggests that bedsharing is associated with longer duration of breastfeeding. However, bedsharing is not essential for successful breastfeeding. Mothers may breastfeed their infants in bed, but infants should be placed on their backs in their own crib, bassinet, or other separate sleep space after breastfeeding.

Resources:

- American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment; *Pediatrics* 2011;128: 1030-39.
- American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome. Technical Report: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment; *Pediatrics* 2011;128: e1-e27.
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- Chianese, J., Ploof, D., Trovato, C. & Chang, J. C. Inner-city caregivers' perspectives on bed sharing with their infants. *Academic Pediatrics* 2009; 9:26-32.
- Colson, E.R., Rybin, D., Smith, L. A., Colton, T. Lister, G. & Corwin, M. J. Trends and factors associated with infant sleeping position: The National Infant Sleep Position Study. *Arch Pediatr Adolesc Med.* 2009; 163(12): 1122-1128.
- Hauck, Fern et. al. Infant Sleeping Arrangements and Practices During the First Year of Life. *Pediatrics* 2008; 122; S113-S120.
- Shapiro-Mendoza, C. K., Kimball, M., Tomashek, K. M., Anderson, R. N. & Blanding, S. US infant mortality trends attributable to accidental suffocation and strangulation in bed from 1984 through 2004: are rates increasing? *Pediatrics* 2009; 123: 533-539.
- Duncan JR, Paterson DS, Hoffman JM, et al. Brainstem serotonergic deficiency in Sudden Infant Death Syndrome. *JAMA* Feb. 3, 2010; Vol. 303; No. 5.